

EXHIBIT 1

REPORT OF DR. JAMES S. WALKER



PSYCHOLOGICAL EVALUATION REPORT

Name: Cecil Clint Woodard
Date of Birth: October 17, 1977
Social Security Number: 415-59-9818
Date of Evaluation: August 16, 2018 and September 19, 2018

Referral: R. David Baker
Assistant Federal Public Defender
Federal Public Defender's Office
810 Broadway, Suite 200
Nashville, Tennessee 37203

Dear Mr. Baker,

You asked me to prepare a report regarding your client, Mr. Cecil Clint Woodard, regarding his situation. Specifically, you asked me to explain how his history of addiction and methamphetamine use had affected his behavior with regard to the offenses in this case.

By way of introduction, I am a clinical neuropsychologist and forensic psychologist, dual boarded. I have been practicing as a neuropsychologist for the past 25 years. During that period of time, I have testified more than 300 times as an expert in various matters. In my work as an expert witness, my testimony has never been limited or restricted in any way by any Court. As a neuropsychologist, I received special training and experience in the effect of chemicals on the human brain. One of these agents is methamphetamine, a powerful stimulant that has gained quite a foothold in our society as a drug of abuse. I am also an expert in human addictive behavior.

I reviewed a large set of records you provided to me. These are detailed below:

1. Medical and mental health records from Southern Health Partners
2. Government Discovery Letter dated Sept. 13, 2017 with following items:
3. June 11, 2016, Search Warrant, Application, Return, Photos
4. June 15, 2016, Search Warrant, Application, Return, Photos
5. Crag's List Records (3 files)
6. Google Records

7. Facebook Photos
8. Forensic Report, Det. Chad Gish
9. UC emails (redacted)
10. Law enforcement reports

I met with Mr. Woodard on two occasions, August 16, 2018 and September 19, 2018. Each time I travelled to the detention center in Owensboro, Kentucky, where Mr. Woodard is currently being held.

During my visits with him, I interviewed him extensively. I also administered a set of psychological and neuropsychological tests. These tests included the following:

1. Medical Symptom Validity Test
2. Test of Memory Malinger
3. Mini Mental State Examination
4. Wechsler Adult Intelligence Scale-IV
5. Personality Assessment Inventory
6. Trauma Symptom Inventory-2
7. Derogatis Sexual Functioning Inventory
8. Abel Assessment of Sexual Interest-3

I scored and interpreted these tests before preparing this letter.

You asked me to describe how Mr. Woodard's addictive disorder and substance abuse problems factored into his current legal situations. The first, and probably most relevant issue to discuss in this regard, is methamphetamine's direct effect on his decision making and behavior at the time of these crimes. Methamphetamine is an extremely powerful stimulant that is manufactured illegally. When introduced into the human body by snorting, smoking, or injecting, the chemical travels to the nucleus accumbens portion of the brain where it creates a sense of intense pleasure. The individual also typically feels a sense of emotional numbing. Some individuals find the pleasure so intense that they quickly become addicted to the substance and use it more and more often in order to feel the same sense of pleasure. Over time, methamphetamine's initial pleasure deteriorates as the brain becomes acclimated to the substance, and it takes more and more of the same drug in order to produce the desired effects.

Methamphetamine is highly addictive and highly dangerous. Its effects on the human brain are profound, and many researchers are of the opinion that the damage to the brain it inflicts is partially irreversible. Some of the findings associated with methamphetamine's impact include decreased function in the frontal lobes of the brain (that part of the brain that is most involved in decision making behaviors and whether or not to initiate or avoid activity), emotional dysregulation, cognitive deficits, and even atrophy of the brain itself. Mr. Woodard tells me that he had been injecting 2 gm to 3 gm of methamphetamine for the prior five to six years leading up to the crime. This is a huge amount of methamphetamine per day that, in most people, would quickly destroy their health and mind. Mr. Woodard may be exaggerating the degree of his methamphetamine use a bit, but I believe that he was being honest in that he has been a heavy user of methamphetamine for many years.

As noted above, methamphetamine affects the portions of the brain that are involved in pleasure and also creates an emotional numbing effect on the emotions experienced by the person. He told me that, when under the influence of methamphetamine, his personality and behavior changed dramatically. He described a pattern of classic hypersexuality, a condition well-known to psychologists and psychiatrists who work with methamphetamine addicts. For example, he said he had no interest in homosexual sex prior to taking methamphetamine, but, when high on methamphetamine, he would engage in sex with men, women, and even a child. He made extremely poor choices regarding the behavior about which he is charged in this case, and I have no doubt that methamphetamine intoxication played a significant role in his criminal behavior.

I should also point out that several factors can be identified with Mr. Woodard that were beyond his control but affected his current situation. He told me that his entire family is addicted to drugs. We can assume with reasonable accuracy that he inherited a genetic makeup that had a strong propensity toward substance abuse. He vividly recalled his first drink of alcohol and often drank alcohol to blackout, a common pattern among those predisposed to severe addiction.

In addition to genetic factors, he was raised in a home and family permeated by and strongly impacted by addiction. Every one of his family members was addicted to alcohol, drugs, and/or both. The research about children in addicted families is very clear: the children of such families are further predisposed to addiction in addition to the already-present genetic factors. They are also predisposed to mood disorders, psychotic disorders, and other kinds of serious mental illness.

Another factor beyond his control was the fact that he suffered several severe traumatic experiences as a child when he was molested, himself. He said neighbor boys and a friend's uncle forced him to have sex on many occasions. He said this happened many times over many years, beginning at the age of 7, and lasting until he was 10 or 11 years of age. He found these experiences very troubling, though he was never physically injured by the abuse. One factor that we know is closely associated with addiction is a history of childhood trauma. Trauma typically results in an enduring sense of pain in the human mind that addictive substances are often particularly effective at taming.

Mr. Woodard has never been in recovery for his addiction. He told me that he had attended three treatment programs. However, he never followed his aftercare programs after any of these treatment experiences, never attended recovery meetings after leaving the programs, never had a sponsor, and never tried to work the 12 steps of recovery. One can only wish that he had been more active in seeking treatment for his substance use condition. However, if Mr. Woodard could have a change of heart and embrace a life in recovery, I believe that he would benefit greatly.

He certainly needs to be put into a long-term drug treatment program, one that would last at least 18 months to two years. He also needs intensive sex offender treatment. I believe both of these are available in the federal penal system. If he is ever released to public life again, he will need to carry out his aftercare plan faithfully and intensively, and such should be ordered by the Court.

In summary, I believe that Mr. Woodard's use of methamphetamine and his addiction thereto should be considered as potential mitigating factors when sentencing him. Mr. Woodard did not

ask for the genes that would predispose him toward alcohol and drug abuse. He did not ask to be molested as a child. He did not ask to be raised in an addictive family with every other family member regularly getting intoxicated. Yet, these are the factors with which Mr. Woodard grew up. He needs effective treatment.

I certainly appreciated the opportunity of seeing this very interesting gentleman. Let me know if I can provide further information regarding his test results or situation.

A handwritten signature in black ink, appearing to read 'J. S. Walker', with a large, stylized initial 'J' and a long, horizontal flourish extending to the right.

James S. Walker, Ph.D., ABPP
Clinical Neuropsychologist
Forensic Psychologist